

EXHIBIT

9

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

NATIONWIDE LIFE INSURANCE COMPANY,
a foreign corporation,

Plaintiff,

vs.

Case No. 11-cv-12422-AC-MKM
Hon. Avern Cohn

WILLIAM KEENE, JENNIFER KEENE,
MONICA LYNNE LUPILOFF, NICOLE RENEE
LUPILOFF and NICOLE RENEE LUPILOFF,
PERSONAL REPRESENTATIVE OF THE ESTATE
OF GARY LUPILOFF, DECEASED,

Defendants.

Michael F. Schmidt P25213
Attorneys for Plaintiff
1050 Wilshire Drive, Suite 320
Troy, MI 48084
(248)649-7800

Albert L. Holtz P15088
Attorney for Monica Lupiloff, Nicole Lupiloff
and Nicole Lupiloff, Per Rep of the Estate of
Gary Lupiloff, Deceased
3910 Telegraph Road, Suite 200
Bloomfield Hills, MI 48302
(248)593-5000

John H. Bredell P36577
Attorney for William & Jennifer Keene
119 N. Huron Street
Ypsilanti, MI 48197
(734)482-5000

DEFENDANT WILLIAM KEENE ANSWERS TO INTERROGATORIES

AND REQUESTS TO PRODUCE

BY PLAINTIFF NATIONWIDE LIFE INSURANCE COMPANY

DEFENDANT WILLIAM KEENE ANSWERS TO INTERROGATORIES
AND REQUESTS TO PRODUCE
BY PLAINTIFF NATIONWIDE LIFE INSURANCE COMPANY

NOW COMES the Defendant, William Keene, by and through his attorneys, BREDELL & BREDELL, and submits the following Answers to Interrogatories/Requests to Produce:

1. Please state the name and address of the individual answering these interrogatories and requests to produce.

ANSWER: William Frazer Keene, 2704 Brockman, Ann Arbor, MI 48104

2. In regard to the purpose of the Nationwide policy as indicated on the New Account/Suitability Form "to provide coverage over an investor loan for capital purchase" please state with factual precision:
 - a. Please state how the policy was to provide coverage over an investor loan for capital purchase.
 - b. Please state the following in regard to the loan:
 - i. The name and address of the person or entity making the loan.
 - ii. The name and address of the person or entity receiving the loan.
 - iii. The terms of the loan including the amount of the loan, the interest charged, if any, and the date the principal was due to be repaid.
 - iv. The purpose of the loan.
 - c. Please produce a copy of all the loan documents and any other documents regarding the transaction.

ANSWER:

- a. The Capital Loan was for \$130,000 and was to cover the \$245,000 that was to be paid by Mad Advertising
- b. Please state the following:
 - i. William Keene; 2704 Brockman, Ann Arbor, MI 48104
 - ii. Gary Harmon a/k/a Gary Harmon Lupiloff, Mad Advertising, 7 N. Saginaw, Pontiac, Michigan 48342.

- iii. See documents attached.
- iv. According to Mr. Lupiloff it was for the rental of LED screens to be used during the North American Auto Show
- c. Loan documents attached hereto.

3. In regard to any and all business dealings you had at any time with Gary H. Lupiloff provide the following information:

- a. The date of the business deal, contract or transaction.
- b. The parties to the business deal, contract or transaction.
- c. The purpose of the business deal, contract or transaction.
- d. Please produce all documents in regard to the business deal, contract or transaction.

ANSWER:

Loan No. 1

- a. November 22, 2002 is when the contract was drawn up. The first deposit of \$65,000 was given November 24, 2002. The second deposit of \$65,000 was given December 30, 2002.
- b. William Keene and Gary Harmon Lupiloff.
- c. Please see the previous answer.
- d. Mr. Lupiloff paid to Mr. Keene a \$20,000 check for payment toward the principal of \$130,000.00 loan and this check was never honored by Mr. Lupiloff's bank and a copy of that check is attached, as well as the other documents.

Loan No. 2

- a. \$2,500 on October 6, 2003
- b. William Keene and Gary Harmon Lupiloff.
- c. Pay business expenses.
- d. Mr. Lupiloff tendered a check that was dishonored. A copy of the bounced check is attached. He did eventually pay this business debt but we do not have a copy of the check that was honored by Mr. Lupiloff's bank.

Loan No. 3

- a. On July 17, 2007, Mr. Keene loaned to Gary Harmon Lupiloff \$6,000.00
- b. William Keene and Gary Harmon Lupiloff

- c. Not certain of the purpose, Mr. Lupiloff represented it was for business expenses, including payroll.
 - d. Loan document attached.
4. Please state whether Gary Lupiloff ever breached any business deal, contract, or transaction with you.

ANSWER: Mr. Lupiloff breached the majority of the business transactions. He did repay the #2 loan of \$2,500.00 after the original repayment check bounced and did repay loan #3 of \$6,000.00.

5. If the response to the preceding interrogatory is in the affirmative, please provide the following information:
 - a. A full description of the business deal, contract or transaction involved.
 - b. How the business deal, contract or transaction was breached.
 - c. Please produce all documentary evidence you have in regard to the business deal, contract or transaction, and its breach.

ANSWER:

- a. Please see answer to interrogatories Nos. 2 and 3.
 - b. Gary Lupiloff never repaid any of the principal of the loans in question.
 - c. Loan documents attached.
6. If you paid any premiums for the Nationwide policy referred to in the complaint, please state the dates of all payments and the amount paid on each date, and please produce proof of all such payments.

ANSWER: Mr. Keene began paying bills from Nationwide for the subject insurance policy and Mr. Keene assumes that Nationwide has possession and control of these documents. Mr. Keene does have several of these documents in his possession which are attached here that set forth the date and amounts of said payments. In addition, all of the payments that Nationwide records indicate were made by Mr. Keene took place after the change of ownership when the policy was placed in the name of Mr. Keene. It is Mr. Keene's memory that he made two (2), possibly more payments on the policy directly while the policy was still in Mr. Lupiloff's name. Mr. Keene is checking his bank records to try to locate these payments that he made directly to Nationwide on behalf of Mr. Lupiloff.

7. In regard to the Change of Ownership form attached as Exhibit C to the complaint, please state:

- a. The reason why there was a change of ownership.
- b. Please produce any documents in regard to the change of ownership.

ANSWER:

- a. It was Mr. Lupiloff's idea to take out the insurance policy and to name William Keene as a beneficiary. We assume that Mr. Lupiloff did so because he realized that he was in breach of contract because he had failed to repay the loan. The reason for the change of ownership was because Mr. Lupiloff ceased making payments and when this was brought to the attention of Mr. Keene, it was Mr. Lupiloff's idea that the policy be placed in the name of Mr. Keene, so that Mr. Keene could make the payments himself. Perhaps Mr. Lupiloff concluded that writing a bad check for \$20,000.00 could land him back in prison, so he tried to appease Mr. Keene with life insurance. However, this change of ownership was also a modification of the original agreement between Mr. Keene and Mr. Lupiloff, as it was originally contemplated that Mr. Lupiloff would make the payments on the policy and these payments were not intended to be made by Mr. Keene.
- b. Nationwide is in possession of these original documents.

8. In regard to Change of Beneficiary form alleged in the complaint, please state:

- a. The reason for the change of beneficiary.
- b. Please produce any documentary evidence regarding the change of beneficiary.

ANSWER:

- a. When Mr. Lupiloff breached the agreement to make payments on the insurance policy and the ownership was placed in the name of William Keene and William Keene began making the payments, he simply decided that it was in his interest to name his wife as the second beneficiary, rather than the daughters of Gary Lupiloff. It would not make any sense whatsoever for Mr. Keene to pay on a life insurance policy for several years for the benefit of someone else's family rather than his own.
- b. Nationwide is in possession of these original documents.

9. In regard to 7/13/10, please provide the following information:

- a. Where you were from 6:00 a.m. through 6:00 p.m. providing the inclusive

time at each location and the full address of each location.

- b. The name and address of any individuals who you were with at any time from 6:00 a.m. to 6:00 p.m. providing the exact times you were with the individual.
- c. What you were doing from 6:00 a.m. to 6:00 p.m. providing the inclusive time period for each activity.
- d. Please produce any documentary evidence you have in support of any of your above responses to this interrogatory.

ANSWER:

- a. (a-c) Mr. Keene does not have specific records or recollection as to the precise times; however, generally speaking, from between the hours of 6 a.m. to approximately 8:30 a.m., Mr. Keene would have been at his home on Brockman in the city of Ann Arbor. He would have been sleeping and going through his morning routine and helping prepare his daughter's breakfast and prepare his daughter to leave for school. At approximately 8:30 a.m., Mr. Keene drove his daughter to the University of Michigan Health System Child Care Center on 2601 Glazier Way, which is just west of Huron Parkway in Ann Arbor, Michigan. After dropping his daughter off at daycare, interacting with her teachers and asking about what was going to occur that day, which would have taken him until approximately 9:20 a.m., he returned home at approximately 9:40 a.m. From approximately 9:40 a.m. to 10:30 a.m., he made a number of business calls to complete his morning business. He spent the middle of the day doing non-business related activities. From approximately 10:30 a.m. to 11:30 a.m., he walked his two (2) dogs in his neighborhood, which was also his custom. Mr. Keene also stopped by the bank, Chase Bank, on 1501 East Stadium, Ann Arbor, Michigan and checked the transaction history of his account, as he walked his dogs. He has a receipt from the bank that shows he stopped there at 10:42 a.m. The bank is about a 15 minute walk from his home. From approximately 11:30 a.m. to 12:30 p.m., Mr. Keene went for a 3.5 mile run on a path near his home, which is also his custom and practice. From 12:30 p.m. to 1:30 p.m. Mr. Keene was at home, where he showered, cleaned-up, changed clothes and ate lunch. At approximately 1:30 p.m., Mr. Keene began to process his household chores, opened mail and believes he did some food preparation for his family's dinner for later in the evening and watched television. At approximately 3:20 p.m., Mr. Keene left his home to walk to his car that was parked on the street. He then had a brief conversation with one of his neighbors, Sue Smith. After leaving his home at approximately 3:25 - 3:30 p.m., Mr. Keene drove directly to the University of Michigan Day Care and upon pulling into the parking lot realized that he needed to buy milk for his daughter to drink when he picked her up and a few other items at the grocery store, so he pulled out of the daycare and proceeded to Green Road. He went to Busch's Fresh Food Market, 2020 Green

Road, Ann Arbor, Michigan 48105. Mr. Keene bought milk, eggs and butter and paid for it at 4:02 p.m. He then returned to pick up his daughter from the daycare at approximately 4:15 p.m. Mr. Keene arrived home at approximately 4:35 and 4:40 p.m. and from this time on he was home for the rest of the evening, spending time with his wife and daughter and involved with household chores and meal preparation.

- d. See attached Busch's receipt and attached receipt from Chase Bank. Also attached is a copy of a calendar from Mr. Keene's neighbor, Jody Bullinger, documenting the time of her daughter's medical appointment at Child Health Associates at 3:40 p.m. Mr. Keene also has a phone record of July 30, 2010 with calls being made from 8:34 a.m. to 10:36 a.m.
10. Please list the names and addresses of any witnesses you intend to call at the time of trial in support of your case.

ANSWER: Mr. Keene has not made the decision as to all the witnesses he will call at the time of trial, as discovery is in its beginning stages. However, he may call any of the following:
 - a. William Keene
 - b. Jennifer Keene
 - c. Sue Smith
 - d. Jody Bullinger
 - e. Mary Columbo
 - f. Keeper of the record of Busch's Grocery Store
 - g. Keeper of the record of University of Michigan Health System Child Care Center
 - h. Keeper of the record of Verizon Wireless
 - i. Betsy Reisch
 - j. Jeff Valdez
 - k. Keeper of the record of Child Heath Associates
 - l. Bob Cantlon
 - m. Keeper of the records of Chase Bank
 - n. Any and all witnesses mentioned in the police report
 - o. Members of the Royal Oak Police Department, who investigated the murder of Gary Lupiloff, including but not limited to:
 - i. Detective Edgell
 - ii. Detective Bonetto
11. State the names and addresses of any experts consulted by you, your attorney, agents,

representatives or investigators regarding the claims made in your complaint.

ANSWER: William Keene has not yet retained any experts, but reserves the right to do so.

12. State the names and addresses of any experts you intend to call at the time of trial in support of your case.

ANSWER: See answer to interrogatory 11.

13. With regard to the persons listed in the answers to interrogatories 11 and 12, please state:

- a. Their address(es).
- b. Educational background.
- c. The experience, education or other expertise which the person(s) has that you maintain will allow him (them) to be qualified as an expert(s) at the time of trial.
- d. The special qualifications of the person(s), if any, that you maintain allow the person(s) to be an expert in this litigation.
- e. The subject matter upon which said expert(s) is expected to testify.
- f. Provide any and all written or graphic material including data, treatises, calculations, factual information, tests or photos relied upon by the expert(s) to form the opinion(s).
- g. All factual information and data reviewed by the expert(s).
- h. The opinion which the expert(s) is expected to render.
- i. The grounds for each opinion(s).

ANSWER: Not applicable.

14. If you, your attorneys, or agents have any statements in any form from any person regarding this claim, state the name and address of the person or persons giving the statement, the name and address of the person or persons to whom the statements were made, the dates they were made, whether the statements were written, oral or by recording device and the names and addresses of persons presently having custody of such statements or copies of them.

ANSWER: Nationwide has already been provided with a statement from Sue Smith. Jeff Valdez obtained a statement from Mary Columbo and that is attached hereto.

15. Please provide the following information:

- a. Your full name;
- b. Any other names you have ever been known by;
- c. Your date of birth;
- d. Your social security number;
- e. Your present address;
- f. Your addresses for five years preceding 2010;
- g. Provide a detailed education of background, including any and all schools attended, dates of attendance and degrees, diplomas or certificates received;
- h. For each employer you have had for the last ten years, provide the name and address of the employers; the inclusive dates worked, the position held, the name of the supervisor and the total income for each year of employment;
- i. Whether you have been involved in any other litigation, and if so, provide the caption of the suit, the court the suit was filed in, the name of your attorneys, and the nature of the claim;
- j. If you have made any claims to any insurance company at any time, please state the name of the insurer, a description of the claim, the date of the claim, and the result of the claim;
- k. If you have been arrested or convicted of a crime, please state the date and place of the crime, the charges made, the court in which the matter was pending, the ultimate result or disposition of the action.

ANSWER:

- a. William Frazer Keene
- b. None
- c. [REDACTED] 66 - [REDACTED] 68
- d. [REDACTED]
- e. 2704 Brockman, Ann Arbor, MI 48104
- f. 2704 Brockman, Ann Arbor, MI 48104
- g. Southfield Lathrup High School, graduated 1984, Diploma
Michigan State University, graduated 1989, Degree BS Pre-Medicine
University of Michigan, 1987
- h. 2000- 2005 - Real Estate One, Farmington Hills, MI, Realtor, Manager:
Steve Leiban
2006-2010 - Remax Classic, Farmington Hills, MI, Realtor, Manager: Carol
Boji
2008 - Cannot locate income tax return at this time.
Defendant objects to the amount of his income as being irrelevant to any of the
claims which are in dispute in this litigation.
- i. Oakland County Circuit Court, civil suit, 2006; Plaintiff sued another party

for stolen funds and settled out of court for \$25,000. Plaintiff was represented by Madison Crest Business Law, Attorney Margaret Kurtzweil.

- j. Homeowners claim, 1988, waters damage, received \$5,000
- k. N/A.

16. List any and all businesses, corporations, partnerships, LLC's, PC's, sole proprietorships, or other such organizations that you have had any interest in for the past 10 years.

ANSWER: GK Development, LLC
BK Development, LLC
BK 2 Development, LLC

17. Please provide the following information:

- a. list any and all investments from 1998 through 2010.
- b. list any accounts, investments, etc. that were closed or placed into collection from 1998 through 2010.
- c. identify any realtors used from 1998 through 2010.
- d. identify any accountants used from 1998 through 2010.
- e. provide all monthly statements or other such documents for all financial accounts, including, but not limited to, savings accounts, checking accounts, money market accounts, 401(k) accounts, IRAs, stocks, investment accounts, etc. for 1998 through 2010.
- f. provide copies of all debt documents including, but not limited to, personal loans, land contracts, promissory notes, mortgages, bank loans, business loans credit cards, credit accounts, lines of credit, etc. for 1998 through 2010.
- g. provide all federal, state, and local tax records for 1998 through 2010.

ANSWER: a-g. Defendant objects to this information as being irrelevant to any matters which are in dispute in this litigation.

18. For any businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations that you purchased, sold, opened, or closed in whole or in part from 1998 to present, provide the follow information:

- a. list the name of the businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations;
- b. list the party who you purchased the businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations from or sold the

businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations to;

- c. list the date of the purchase or sale;
- d. list the amount, cost, etc. of the purchase or sale;
- e. list any bank, mortgage company, or financial institution that had any part in the purchase or sale;
- f. provide any and all records, agreements, contracts, closing statements, etc. regarding the purchase or sale.

ANSWER

- a. None
- b. None
- c. None
- d. None
- e. None
- f. None

19. Please provide the following information:

- a. list any person, business, organization, bank, mortgage company, etc. that you owed money or any other form of debt from 1998 to 2010;
- b. list whether that debt was current in 2010;
- c. list whether any payments were missed on that debt from 1998 to 2010.

ANSWER:

a-c. Defendant objects to this information as being irrelevant to any matters which are in dispute in this litigation.

20. Please provide the following information:

- a. Any and all cell phone numbers and cell phone providers you used for any cell phones you used in July, 2010.
- b. List any and all home phone numbers and home phone providers you had in July, 2010.
- c. Please provide copies of all phone bills with call lists for July, 2010 for any and all cell phones or home phones.

ANSWER:

- a. Cell: 248-767-6413; Provider AT&T
- b. Home: 734-332-7855; Provider Comcast

- a. Cell: 248-767-6413
- b. Cell - same as above; Home - 734-332-7855
- c. See attached.

21. For any business in which you have had an interest in the last 10 years, including all businesses listed in answer to the above interrogatories, provide the following information:

- a. list which have declared bankruptcy;
- b. list the date of any such bankruptcy;
- c. list the location of the bankruptcy filing including the Court or Courts where the filings were made;
- d. list any case numbers or any other such identification information for the bankruptcy;
- e. list the results of the bankruptcy.

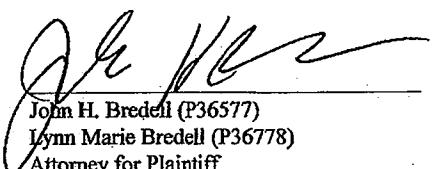
ANSWER: None.

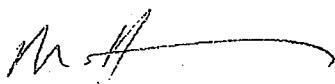
Signature page:

**DEFENDANT WILLIAM KEENE ANSWERS TO
INTERROGATORIES AND REQUESTS TO PRODUCE
BY PLAINTIFF NATIONWIDE LIFE INSURANCE COMPANY**

Respectfully submitted,

Dated: 9-22-11


John H. Bredell (P36577)
Lynn Marie Bredell (P36778)
Attorney for Plaintiff

Signed: 

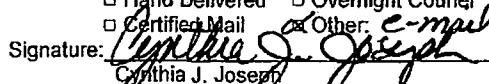
William Keene

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CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleadings on Sept 23, 2011.

By: U.S. Mail Fax
 Hand Delivered Overnight Courier
 Certified Mail Other: e-mail

Signature: 
Cynthia J. Joseph

NATIONWIDE LIFE INSURANCE COMPANY
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER

Policy Number: 1034 804 300 Insured: GARY H. LARLOK

I, the present owner of the above numbered policy, hereby revoke any previous designation of Owner and/or Contingent Owner, and I hereby designate as the Owner and/or Contingent Owner of the said policy effective this date in accordance with the policy provisions, the following:

If more than one owner, ownership will be vested jointly or in the survivor(s), but if none are living or in existence, then in the contingent owner(s), if any, jointly or in the survivor(s), otherwise to the Executor or Administrator of the Estate of the last said owner.

NEW OWNER: Social Security or Taxpayer Identification Number: 1906

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED
<u>William Keene</u>	<u>160</u>	<u>Exsuee's Relationship on file</u>

ADDRESS 2704 Brookman Ann Arbor, MI 48104

NEW CONTINGENT OWNER: Social Security or Taxpayer Identification Number: _____

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED
_____	_____	_____
_____	_____	_____

ADDRESS _____

Premium Notices Shall be sent to the new owner for the above mentioned policy, unless checked and completed below:

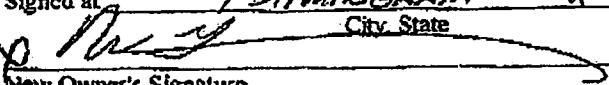
Premium Payor to be _____ Address of Payor _____ Print full address of Payor _____

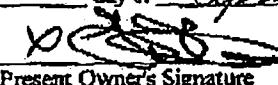
I understand that this change in ownership does not in any way affect the Beneficiary designations of the policy. In the event this application designates a change of Owner and if the Owner's Benefit(s) is included in said policy, I hereby surrender such Benefit(s) and acknowledge that such Benefit(s) is hereby terminated, and in consideration thereof the premium shall be reduced and unearned premium, if any, adjusted effective this date.

POLICY MODIFICATION: Any provision of the policy stipulating that the policy shall be returned to the Company for endorsement in order to effect a change of Ownership is hereby waived by the Company and the Owner, and it is agreed that such change shall take effect as of the date of this application, subject to any payment made or action taken by the Company before this application has been agreed to by the Company.

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, this is their Social Security Number.) If they do not provide us with certification of this number, they may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% or such rate as required by law from interest and other payments we make to you. This is called backup withholding (and is not the same as the 10% withholding on interest and dividends that was repealed in 1983.) It is not an additional tax, since the tax liability of persons subject to backup withholding will be reduced by the amount of the tax withheld. If withholding results in an overpayment of taxes, a refund may be obtained. Check this box [] if the Internal Revenue Service has notified you that we are not subject to the provisions of this law. Otherwise, your signature on this application serves as certification under penalties of perjury, that the taxpayer identification number on this application is true, correct, and complete.

Signed at Birmingham MI this 4 day of April, 2007


New Owner's Signature


Present Owner's Signature

HOME OFFICE USE ONLY

Agreed to for Nationwide Life Insurance Company

Complete and send to Company at Columbus, Ohio 43215
DO NOT SEND POLICY

Life-1112-M

(03/2002)



P.O. Box 182835
Columbus, OH 43218

On Your Side®

October 19, 2006

GARY HARMON
227 W FRANK ST
BIRMINGHAM MI 48009

RE: Policy Number: L034804300

Dear GARY

We have received a request for beneficiary information on your life policy listed above.

The primary beneficiary of record is William Keene, partner. The contingent beneficiary of record is Monica Lupiloff and Nicole Lupiloff, children. If you would like to change these designations, please complete the enclosed application and return it in the envelope provided.

Thank you for allowing us to be of service to you. If you have any questions, please contact your Sales Representative or our Customer Service Department at 800-547-7548. If you require our TDD line, please call 800-238-3035. Customer Service Representatives are available to assist you between the hours of 8:00 a.m. and 8:00 p.m. EST, Monday through Friday.

Sincerely,

Life Customer Service
Nationwide Financial

RLA

ENCLOSURE

AGENT 21-0024503 MARY E REICH 248-203-9804

**NATIONWIDE LIFE INSURANCE COMPANY
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT
OWNER**

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. **THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.**
4. SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures MUST be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
7. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
8. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
9. Complete and send to Nationwide Life Insurance Company, PO Box 182835, Columbus, Ohio 43218-2835.

**NATIONWIDE LIFE INSURANCE COMPANY
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT
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2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. **THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.**
4. **SIGNATURES REQUIRED:** (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures **MUST** be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
7. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
8. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
9. Complete and send to Nationwide Life Insurance Company, PO Box 182835, Columbus, Ohio 43218-2835.



P.O. Box 182835
Columbus, OH 43218

On Your Side™

October 9, 2007

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104

RE: Policy Number: L034804330
Insured: GARY H LUPILOFF

Dear WILLIAM KEENE:

Please accept this letter as confirmation that the payor on the above life policy has been updated to the policy owner, William Keene.

Thank you for allowing us to be of service to you. If you have any questions, please contact your registered representative our Customer Service Department at 800-547-7548. If you require our TDD line, please call 800-238-3035. Customer Service Representatives are available to assist you between the hours of 8:00 a.m. and 8:00 p.m. EST, Monday through Friday.

Sincerely,

Life Customer Service
Nationwide Financial

RLG

CC: AGENT 21-0024503 MARY E REICH 248-874-1100

LIFE BILLING STATEMENTPolicy Number
L034804300Date Prepared
JUN 18, 2007

Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835

Total Amount Due
\$272.95Due Date
MAY 28, 2007*J. Keene***PAST-DUE REMINDER**

||||||||||||||||||||||||||||||||

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

03530 1*

*000000000418143

Past Due Premium	\$272.95
Total Due This Statement	\$272.95

LIFE BILLING STATEMENT

**Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835**

Policy Number
L034804300

Date Prepared
NOV 02, 2007

**Total Amount Due
\$272.95**

Due Date
NOV 28, 2007

ANNIVERSARY NOTICE

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:
QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

1*

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Current Premium Due **\$272.95**
Total Due This Statement **\$272.95**

XLBFO3A

00775345

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N000

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

REVIEW THIS POSITION WITH YOUR SUPERVISOR

LIFE BILLING STATEMENT

Total Amount Due
\$272.95

INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

0012 : Policy Number
L034804300

Due Date
NOV 28, 2007

**For Policy Information
or Changes, Call:
MARY E REICH
248-874-1100**

**Make Check
Payable To:**

Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

05 4221160912 00 00 42 0348043000 5 0000027295 0000027295 97 0

On Your SideSM

Nationwide Life and Annuity Company
 Individual Protection Service Center
 P.O. Box 182835
 Columbus, OH 43216
 nationwide.com

NOV 02, 2007

WILLIAM KEENE
 2704 BROCKMAN BLVD
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

05516 0*
 When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

05516 5*
 You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

	Annual	Semi-annual	Quarterly	Monthly
Total premium per payment	\$1,030.00	\$535.60	\$272.95	\$91.67
Number of premiums per year	1	2	4	12
Administrative Fee	0.00	\$41.20	\$61.80	\$70.04
Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

*20000000775345
 If your policy contains a table of Guaranteed Premiums on the policy data page, the premium quoted in the table applies only to the annual premium payment mode. If you pay your premiums more than once a year, the total annual amount of your premiums will be more than the Guaranteed Premium amount contained in this table. If you want to change your payment schedule, call your insurance professional or give us a call.

We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide[®] Service Center
 cc: MARY E REICH

Barcode graphic

Life insurance products are issued by Nationwide Life and Annuity Company, Columbus, Ohio. The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

LIFE BILLING STATEMENT

Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835

Policy Number
L034804300

Date Prepared
JAN 31, 2008

Total Amount Due
\$272.95

Due Date
FEB 28, 2008

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREM'UM

See back of this statement for important phone numbers and other information about your insurance.

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Current Premium Due **\$272.95**
Total Due This Statement **\$272.95**

DETAILED INFORMATION FOR THE 1990 CENSUS

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WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

REFLECTIONS ON THE 2003 ELECTION IN THE PHILIPPINES

LIFE BILLING STATEMENT

Total Amount Due
\$272.95

INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

0012 Policy Number
L034804300

Due Date
FEB 28, 2008

For Policy Information
or Changes, Call:

MARY E REICH
248-874-1100

Make Check
Payable To:

Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

LIFE BILLING STATEMENT

1*

Nationwide Insurance
 Nationwide Financial
 PO Box 182835
 Columbus OH 43218-2835

Policy Number
 L034804300

Date Prepared
 APR 30, 2008

Total Amount Due
 \$272.95

Due Date
 MAY 28, 2008

WILLIAM KEENE
 2704 BROCKMAN BLVD
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06337

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Current Premium Due \$272.95
 Total Due This Statement \$272.95

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FEE FOR THIS STATEMENT: \$1.00

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WILLIAM KEENE
 2704 BROCKMAN BLVD
 ANN ARBOR MI 48104-4711

LIFE BILLING STATEMENT

Total Amount Due
 \$272.95

0012

Policy Number
 L034804300

Due Date
 MAY 28, 2008

INSURED: GARY H LUPILOFF
 OWNER: WILLIAM KEENE

Make Check
 Payable To:

WILLIAM KEENE
 Nationwide Life Insurance Company
 PO Box 742534
 Cincinnati OH 45274-2534

For Policy Information
 or Changes, Call:
 MARY E REICH
 248-874-1100

LIFE BILLING STATEMENTPolicy Number
L034804300Date Prepared
JUL 31, 2008

Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835

Total Amount Due
\$272.95Due Date
AUG 28, 2008

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

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Current Premium Due \$272.95
 Total Due This Statement \$272.95

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WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

LIFE BILLING STATEMENTTotal Amount Due
\$272.95

INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

0012

Policy Number
L034804300Due Date
AUG 28, 2008

For Policy Information
or Changes, Call:
MARY E REICH
248-874-1100

Make Check
Payable To:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

NationwideSM

Nationwide Life Insurance Company
 Individual Protection Service Center
 P.O. Box 182835
 Columbus, OH 43216
 nationwide.com

On Your SideSM

OCT 31, 2008

WILLIAM KEENE
 2704 BROCKMAN BLVD
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

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Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

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We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide[®] Service Center
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio. The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

LIFE BILLING STATEMENT

Policy Number
L034804300

Date Prepared
JAN 30, 2009

Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835

Total Amount Due
\$272.95

Due Date
FEB 28, 2009

152205

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

#00001000000000583 08385 1*

Current Premium Due \$272.95
Total Due This Statement \$272.95

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WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

LIFE BILLING STATEMENT

Total Amount Due
\$272.95

INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

Policy Number
L034804300

Due Date
FEB 28, 2009

**For Policy Information
or Changes, Call:
MARY E REICH
248-874-1100**

Make Check
Payable To:

Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

05 1221160912 00 00 12 034&043000 5 0000027295 0000027295 9? 0

LIFE BILLING STATEMENTPolicy Number
L034804300Date Prepared
APR 30, 2009Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835Total Amount Due
\$272.95Due Date
MAY 28, 2009

JKT

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711For Payment Of:
QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

1*
06407
4
#00000000033914Current Premium Due \$272.95
Total Due This Statement \$272.95

DETACH THIS PAGE FROM STATEMENT

0033914

N000

XLBF03A

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

RETURN THIS FORM TO US

LIFE BILLING STATEMENTTotal Amount Due
\$272.95INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

0012

Policy Number
L034804300Due Date
MAY 28, 2009For Policy Information
or Changes, Call:
MARY E REICH
248-874-1100Make Check
Payable To:XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

LIFE BILLING STATEMENTPolicy Number
L034804300Date Prepared
JUL 31, 2009Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835Total Amount Due
\$272.95Due Date
AUG 28, 2009WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711For Payment Of:
QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

07106 1*
*000000000561538Current Premium Due \$272.95
Total Due This Statement \$272.95

RETAIN THIS PORTION FOR YOUR RECORDS

00561538

NOOC

XLBF03A

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH PAYMENT

LIFE BILLING STATEMENTTotal Amount Due
\$272.95INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE0012 Policy Number
L034804300Due Date
AUG 28, 2009For Policy Information
or Changes, Call:
MARY E REICH
248-874-1100Make Check
Payable To:Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

LIFE BILLING STATEMENT

Policy Number
L034804300

Date Prepared
OCT 30, 2009

Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835

Total Amount Due
\$272.95

**Due Date
NOV 28, 2009**

ANNIVERSARY NOTICE

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

#200000000793432 05533 1

Current Premium Due **\$272.95**
Total Due This Statement **\$272.95**

RETAIN THIS PORTION FOR YOUR RECORDS

00793432

NOOO

XLBF03A

RETURN THIS POSITION WHEN YOU ARE FINISHED

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

LIFE BILLING STATEMENT

Total Amount Due
\$272.95

INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

0012 Policy Number
L034804300

Due Date
NOV 28, 2009

For Policy Information
or Changes, Call:

MARY E REICH
248-874-1100

Make Check
Payable To:

Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

On Your SideSM

Nationwide Life Insurance Company

Individual Protection Service Center

P.O. Box 182835

Columbus, OH 43216

nationwide.com

OCT 30, 2009

WILLIAM KEENE
 2704 BROCKMAN BLVD
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

	Annual	Semi-annual	Quarterly	Monthly
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Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

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We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide® Service Center
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio. The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

LIFE BILLING STATEMENTPolicy Number
L034804300Date Prepared
JAN 29, 2010Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835Total Amount Due
\$272.95Due Date
FEB 28, 2010WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

8800 543-3747

1000-412-543-3747

Current Premium Due \$272.95
Total Due This Statement \$272.95

00077106

N000

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WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711**LIFE BILLING STATEMENT**Total Amount Due
\$272.95INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE0012 Policy Number
L034804300Due Date
FEB 28, 2010For Policy Information
or Changes, Call:
MARY E REICH
248-874-1100Make Check
Payable To:Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534

LIFE BILLING STATEMENTPolicy Number
L034804300Date Prepared
APR 30, 2010

Nationwide Insurance
Nationwide Financial
PO Box 182835
Columbus OH 43218-2835

Total Amount Due
\$272.95Due Date
MAY 28, 2010

Today 4/21/10

7/28/2010

WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

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Current Premium Due \$272.95
Total Due This Statement \$272.95

XLBF03A

RECEIVED IN THE OFFICE OF THE CLERK

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WILLIAM KEENE
2704 BROCKMAN BLVD
ANN ARBOR MI 48104-4711

LIFE BILLING STATEMENTTotal Amount Due
\$272.95

INSURED: GARY H LUPILOFF
OWNER: WILLIAM KEENE

0012

Policy Number
L034804300Due Date
MAY 28, 2010

For Policy Information
or Changes, Call:
1-800-547-2280

Make Check
Payable To:

Nationwide Life Insurance Company
PO Box 742534
Cincinnati OH 45274-2534



Nationwide Life Insurance Company
 Individual Protection Service Center
 P.O. Box 182835
 Columbus, OH 43216
 nationwide.com

On Your SideSM

November 04, 2007

William Keene

2704 Brockman Blvd
 Ann Arbor MI 48104-4711

Insured: Gary H Lupiloff

Your needs can change. So can your premium schedule.

Dear William Keene:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

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If you need more information, please contact your insurance professional or our customer service department at 1-800-543-3747 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035

Best regards,

Nationwide[®] Service Center
 cc: Mary Reich

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio.
 The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

**NATIONWIDE LIFE INSURANCE COMPANY
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT
OWNER**

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. **THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.**
4. SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures **MUST** be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any